

VACCINES FOR CHILDREN PROGRAM

Vaccine Transfer

Transferring Vaccines for Children funded vaccine to another VFC clinic should not be a routine practice. Providers should monitor vaccine inventory and usage patterns closely to ensure vaccine transfer is an infrequent occurrence. Complete this form when transferring vaccines to another facility and fax to the VFC program on the transfer date.

FROM		TO		
PIN		PIN		
Provider/Clinic Name		Provider/Clinic Name		
Provider/Clinic Address		Provider/Clinic Address		
Phone Number		Phone Number		
Signature of Person Transferring Vaccine		Signature of Person Receiving Vaccine		
DATE OF TRANSFER:	TIME OUT:	TEMPERATURE:	TIME IN:	TEMPERATURE:
VACCINE	# OF DOSES	LOT NUMBER	MANUFACTURER	EXP DATE
DTaP				
DTaP/HB/IPV (<i>Pediarix</i>)				
DTaP/Hib/IPV (<i>Pentacel</i>)				
DTaP/IPV (<i>Kinrix</i>)				
DT (< 7 years)				
EIPV (<i>IPOL</i>)				
Hep A				
Hep B				
Hib				
HPV				
MCV4				
MMR				
MMRV				
Pneumo-23				
PCV-7 (<i>Prevnar</i>)				
PCV-13 (<i>Prevnar</i>)				
Rotavirus				
Td (Booster)				
Tdap				
Varicella				
Influenza (Pediatric)				
LOCAL PUBLIC HEALTH AGENCY ONLY- VACCINE MAY ONLY BE TRANSFERRED TO ANOTHER LOCAL PUBLIC HEALTH AGENCY				
Hep A-Adult				
Hep B-Adult				
Hep A/B (<i>Twinrix</i>)				
MCV4				
MMR-Adult				
Td-Adult				
Tdap-Adult				
Varicella-Adult				

